

## Crawford County BRFSS Questionnaire

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HELLO, I'm \_\_\_\_\_ calling for the  
\_\_\_\_\_. We're doing a study of the health practices  
of \_\_\_\_\_ residents. Your phone number has been  
chosen randomly by the \_\_\_\_\_ to be  
included in the study, and we'd like to ask some questions about  
things people do which may affect their health.

Is this \_\_\_\_\_ ?      **No**      Thank you very much, but  
I seem to have dialed the  
wrong number, It's  
possible that your number  
may be called at a later  
time.      **Stop**

Is this a private residence?      **No**      Thank you very much, but  
we are only interviewing  
private residences.      **Stop**

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

**If "1"** Are you the adult?

**If "yes"** Then you are the person I need to speak with. **Go to page 3**

**If "no"** May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?  
Who is the next oldest man who presently lives in this household?  
**Etc.**

Who is the oldest woman who presently lives in this household?  
Who is the next oldest woman who presently lives in this household?  
**Etc.**

The person in your household that I need to speak with is \_\_\_\_\_.  
**If "you," go to page 3**

**To correct respondent** Hello, I'm  
\_\_\_\_calling for the  
\_\_\_\_I'm a member of a special research team.  
We're doing a study of  
\_\_\_\_residents regarding their health practices  
and day-to-day living habits. You have been  
randomly chosen to be included in the study  
from among the adult members of your  
household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

### Section 1: Health Status

1. Would you say that in general your health is:

**Please Read**

- |              |   |
|--------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good      | 3 |
| d. Fair      | 4 |
| <b>or</b>    |   |
| e. Poor      | 5 |

**Do not  
read these  
responses**

- |                     |   |
|---------------------|---|
| Don't know/Not Sure | 7 |
| Refused             | 9 |

## Section 2: Health Care Access

2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- |                                       |   |
|---------------------------------------|---|
| a. Yes                                | 1 |
| b. No Go to Q. 4b (p. 6)              | 2 |
| Don't know/Not sure Go to Q. 7 (p. 7) | 7 |
| Refused Go to Q. 7 (p. 7)             | 9 |

3. Do you have Medicare?

- |  |                          |   |
|--|--------------------------|---|
| <b>Medicare is a coverage plan for people 65 or over and for certain disabled people</b> | a. Yes Go to Q. 7 (p. 7) | 1 |
|  | b. No                    | 2 |
|  | Don't know/not sure      | 7 |
|  | Refused                  | 9 |

4a. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through: **Please Read**

- |    |   |                                |     |
|----|---|--------------------------------|-----|
| a. | Your employer   | <b>Go to Q. 6 (p. 7)</b>       | 0 1 |
| b. | Someone else's employer   | <b>Go to Q. 6 (p. 7)</b>       | 0 2 |
| c. | A plan that you or someone else buys on your own                  | <b>Go to Q. 6 (p. 7)</b>       | 0 3 |
| d. | Medicare  | <b>Go to Q. 6 (p. 7)</b>       | 0 4 |
| e. | Medicaid or Medical Assistance [or substitute state program name] | <b>Go to Q. 6 (p. 7)</b>       | 0 5 |
| f. | The military, CHAMPUS, or the VA [or CHAMP-VA]                    | <b>Go to Q. 6 (p. 7)</b>       | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service]   | <b>Go to Q. 6 (p. 7)</b><br>or | 0 7 |
| h. | Some other source   | <b>Go to Q. 6 (p. 7)</b>       | 0 8 |
|    | None  | <b>Go to Q. 5 (p. 6)</b>       | 8 8 |
|    | Don't know/Not sure   | <b>Go to Q. 6 (p. 7)</b>       | 7 7 |
|    | Refused   | <b>Go to Q. 6 (p. 7)</b>       | 9 9 |

**Do not  
read these  
responses**

- 4b. There are some types of coverage you may not have considered.  
Please tell me if you have any of the following:

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	Go to Q.6 (p. 7)	0 1
	b. Someone else's employer	Go to Q.6 (p. 7)	0 2
	c. A plan that you or someone else buys on your own	Go to Q.6 (p. 7)	0 3
	d. Medicare	Go to Q.6 (p. 7)	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	Go to Q.6 (p. 7)	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	Go to Q.6 (p. 7)	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] or	Go to Q.6 (p. 7)	0 7
	h. Some other source	Go to Q.6 (p. 7)	0 8
Do not read these responses	None		8 8
	Don't know/Not sure	Go to Q. 7 (p. 7)	7 7
	Refused	Go to Q. 7 (p. 7)	9 9

5. About how long has it been since you had health care coverage?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| Go to Q. 7                                      |   |
| b. Within the past year (6 to 12 months ago)    | 2 |
| Go to Q. 7                                      |   |
| c. Within the past 2 years (1 to 2 years ago)   | 3 |
| Go to Q. 7                                      |   |
| d. Within the past 5 years (2 to 5 years ago)   | 4 |
| Go to Q. 7                                      |   |
| e. 5 or more years ago                          | 5 |
| Go to Q. 7                                      |   |
| Don't know/Not sure                             | 7 |
| Go to Q. 7                                      |   |
| Never   | 8 |
| Go to Q. 7                                      |   |
| Refused   | 9 |
| Go to Q. 7                                      |   |

6. During the past 12 months, was there any time that you did not have any health insurance or coverage?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |



8. Is there one particular doctor or health professional who you usually go to when you need routine medical care?

If "no," ask "Is there <u>more</u> <u>than one</u> or is there <u>no</u> usual doctor who you go to?"	a. Yes, only one	1
	b. More than one	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

9. About how long has it been since you last visited a doctor for a routine checkup?

**Read Only if Necessary**

a. Within the past year (1 to 12 months ago)	1
b. Within the past 2 years (1 to 2 years ago)	2
c. Within the past 5 years (2 to 5 years ago)	3
d. 5 or more years ago	4
Don't know/Not sure	7
Never	8
Refused	9

### Section 3: Hypertension Awareness

10. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago)    | 2 |
| c. Within the past 2 years (1 to 2 years ago)   | 3 |
| d. Within the past 5 years (2 to 5 years ago)   | 4 |
| e. 5 or more years ago                          | 5 |
| Don't know/Not sure                             | 7 |
| Never <b>Go to Q. 13 (p. 10)</b>                | 8 |
| Refused   | 9 |

11. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- |  |   |
|--|---|
| a. Yes   | 1 |
| b. No <b>Go to Q. 13 (p. 10)</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 13 (p. 10)</b> | 7 |
| Refused <b>Go to Q. 13 (p. 10)</b>             | 9 |

12. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

- |                     |   |
|---------------------|---|
| a. More than once   | 1 |
| b. Only once        | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

#### Section 4: Cholesterol Awareness

13. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (48)

- a. Yes 1
- b. No Go to Q. 16 (p. 11) 2
- Don't know/Not sure Go to Q. 16 (p. 11) 7
- Refused Go to Q. 16 (p. 11) 9

14. About how long has it been since you last had your blood cholesterol checked? (49)

#### Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (50)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

### Section 5: Diabetes

16. Have you ever been told by a doctor that you have diabetes?  
(51)

If "Yes" and female, ask "Was this only when you were pregnant?"	a. Yes	1
	b. Yes, but female told only during pregnancy	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

## Section 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

17. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (52)

- |   |   |
|---|---|
| a. Yes                                  | 1 |
| b. No Go to Q. 27 (p. 15)               | 2 |
| Don't know/Not sure Go to Q. 27 (p. 15) | 7 |
| Refused Go to Q. 27 (p. 15)             | 9 |

18. What type of physical activity or exercise did you spend the most time doing during the past month? (53-54)

Activity (specify): \_\_\_\_\_  
See coding list A

Refused Go to Q. 22 (p. 13) 9 9

Ask Q. 19 only if answer to Q. 18 is running, jogging, walking, or swimming. All others, go to Q. 20.

19. How far did you usually walk/run/jog/swim? (55-57)

<b>See coding list B if response is not in miles and tenths</b>	Miles and tenths	—	—	—
	Don't know/Not sure	7	7	7
	Refused	9	9	9

20. How many times per week or per month did you take part in this activity during the past month? (58-60)

- |                     |   |   |   |
|---------------------|---|---|---|
| a. Times per week   | 1 | — | — |
| b. Times per month  | 2 | — | — |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused             | 9 | 9 | 9 |

21. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (61-63)

Hours and minutes	—	:	—	—
Don't know/Not sure	7	7	7	
Refused	9	9	9	

22. Was there another physical activity or exercise that you participated in during the last month? (64)

a. Yes	1
b. No Go to Q. 27 (p. 15)	2
Don't know/Not sure Go to Q. 27 (p. 15)	7
Refused Go to Q. 27 (p. 15)	9

23. What other type of physical activity gave you the next most exercise during the past month? (65-66)

Activity (specify):	_____	—	—
	See coding list A		
Refused Go to Q. 27 (p. 15)	9	9	

Ask Q. 24 only if answer to Q. 23 is running, jogging, walking, or swimming. All others go to Q25 (p. 14).

24. How far did you usually walk/run/jog/swim? (67-69)

See coding  
list B if  
response is  
not in  
miles and  
tenths

Miles and tenths	—	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

25. How many times per week or per month did you take part in this activity? (70-72)

a. Times per week	1	—	—
b. Times per month	2	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

26. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (73-75)

Hours and minutes	—	:	—	—
Don't know/Not sure	7	7	7	
Refused	9	9	9	

## Section 7: Seat Belt Use

27. How often do you use seatbelts when you drive or ride in a car?  
(76)

Would you say: **Please Read**

- |                  |   |
|------------------|---|
| a. Always        | 1 |
| b. Nearly Always | 2 |
| c. Sometimes     | 3 |
| d. Seldom        | 4 |
| <b>or</b>        |   |
| e. Never         | 5 |

**Do not  
read these  
responses**

- |                              |   |
|------------------------------|---|
| Don't know/Not sure          | 7 |
| Never drive or ride in a car | 8 |
| Refused                      | 9 |

28. What is the age of the oldest child in your household under the  
age of 16? (77-78)

**Code  
<1 yr.  
as "01"**

- |  |     |
|--|-----|
| a. Code age in years                                   |     |
| b. No children under age 16 <b>Go to Q. 30 (p. 16)</b> | 8 8 |
| Don't know/Not sure <b>Go to Q. 30 (p. 16)</b>         | 7 7 |
| Refused <b>Go to Q. 30 (p. 16)</b>                     | 9 9 |



29. How often does the [fill in age from Q. 22]-year-old child in your household use a... (79)

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car?

Would you say: **Please Read**

- |                      |   |
|----------------------|---|
| a. Always            | 1 |
| b. Nearly always     | 2 |
| c. Sometimes         | 3 |
| d. Seldom            | 4 |
| <b>or</b>            |   |
| e. Never             | 5 |
| Don't know/Not sure  | 7 |
| Never rides in a car | 8 |
| Refused              | 9 |

**Do not  
read these  
responses**

## Section 8: Tobacco Use

30. Have you smoked at least 100 cigarettes in your entire life?  
(80)

5 packs  
= 100  
ciga-  
rettes

- |   |   |
|---|---|
| a. Yes                                  | 1 |
| b. No Go to Q. 35 (p. 19)               | 2 |
| Don't know/Not sure Go to Q. 35 (p. 19) | 7 |
| Refused Go to Q. 35 (p. 19)             | 9 |

31. Do you now smoke cigarettes everyday, some days, or not at all?  
(81)

- |                                   |   |
|-----------------------------------|---|
| a. Everyday                       | 1 |
| b. Some days Go to Q. 32a         | 2 |
| c. Not at all Go to Q. 34 (p. 18) | 3 |
| Refused Go to Q. 35 (p. 19)       | 9 |

32. On the average, about how many cigarettes a day do you now smoke?  
(82-83)

1 pack  
= 20  
ciga-  
rettes

- |  |     |
|--|-----|
| Number of cigarettes Go to Q. 33 (p. 18) |     |
| Don't know/Not sure Go to Q. 33 (p. 18)  | 7 7 |
| Refused Go to Q. 33 (p. 18)              | 9 9 |

32a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?  
(84-85)

1 pack  
= 20  
ciga-  
rettes

- |  |     |
|--|-----|
| Number of cigarettes Go to Q. 35 (p. 19) |     |
| Don't know/Not sure Go to Q. 35 (p. 19)  | 7 7 |
| Refused Go to Q. 35 (p. 19)              | 9 9 |

33. During the past 12 months, have you quit smoking for 1 day or longer? (86)

- a. Yes **Go to Q. 35 (p. 19)** 1
- b. No **Go to Q. 35 (p. 19)** 2
- Don't know/Not sure **Go to Q. 35 (p. 19)** 7
- Refused **Go to Q. 35 (p. 19)** 9

34. About how long has it been since you last smoked cigarettes regularly, that is, daily? (87-88)

**Read Only if Necessary**

- a. Within the past month (0 to 1 month ago) 0 1
- b. Within the past 3 months (1 to 3 months ago) 0 2
- c. Within the past 6 months (3 to 6 months ago) 0 3
- d. Within the past year (6 to 12 months ago) 0 4
- e. Within the past 5 years (1 to 5 years ago) 0 5
- f. Within the past 15 years (5 to 15 years ago) 0 6
- g. 15 or more years ago 0 7
- Don't know/Not sure 7 7
- Never smoked regularly 8 8
- Refused 9 9

## Section 9: Smokeless Tobacco Use

35. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (89)

<b>Probe for chewing tobacco, snuff, or both</b>	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither <b>Go to Q. 37 (p. 20)</b>	4
	Don't know/Not sure <b>Go to Q. 37 (p. 20)</b>	7
	Refused <b>Go to Q. 37 (p. 20)</b>	9

36. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (90)

<b>"Yes" includes occa- sional use</b>	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	9

**Section 10: Demographics**

37. What is your age? (91-92)

Code age in years

Don't know/Not sure 0 7

Refused 0 9

38. What is your race? (93)

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

**or**

e. Other: (specify)\_\_\_\_\_ 5

**Do not** Don't know/Not sure 7

**read these**

**responses** Refused 9

39. Are you of Spanish or Hispanic origin? (94)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

40. Are you: (95)

**Please Read**

- |                                    |   |
|------------------------------------|---|
| a. Married                         | 1 |
| b. Divorced                        | 2 |
| c. Widowed                         | 3 |
| d. Separated                       | 4 |
| e. Never been married              | 5 |
| <b>or</b>                          |   |
| f. A member of an unmarried couple | 6 |
| Refused                            | 9 |

41. How many children live in your household who are...

**Please Read**

- |                      |                             |          |
|----------------------|-----------------------------|----------|
| <b>Code 1-9</b>      | a. less than 5 years old?   | ___ (96) |
| <b>7 = 7 or more</b> | b. 5 through 12 years old?  | ___ (97) |
| <b>8 = None</b>      | c. 13 through 17 years old? | ___ (98) |
| <b>9 = Refused</b>   |                             |          |

42. What is the highest grade or year of school you completed? (99)

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Never attended school or only kindergarten                   | 1 |
| b. Grades 1 through 8 (Elementary)                              | 2 |
| c. Grades 9 through 11 (Some high school)                       | 3 |
| d. Grade 12 or GED (High school graduate)                       | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate)                   | 6 |
| Refused   | 9 |

43. Are you currently: (100)

**Please Read**

- |                                     |   |
|-------------------------------------|---|
| a. Employed for wages               | 1 |
| b. Self-employed                    | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker                        | 5 |
| f. Student                          | 6 |
| g. Retired                          | 7 |
| or                                  |   |
| h. Unable to work                   | 8 |
| Refused                             | 9 |

44. Is your annual household income from all sources: (101-102)

**Read as Appropriate**

**If res-  
pondent  
refuses b.  
at any  
income  
level,  
code  
refused**

- |  |     |
|--|-----|
| a. Less than \$25,000 If "no," ask e; if "yes," ask b<br>(\$20,000 to less than \$25,000)  | 0 4 |
| b. Less than \$20,000 If "no," code a; if "yes," ask c<br>(\$15,000 to less than \$20,000) | 0 3 |
| c. Less than \$15,000 If "no," code b; if "yes," ask d<br>(\$10,000 to less than \$15,000) | 0 2 |
| d. Less than \$10,000 If "no," code c  | 0 1 |
| e. Less than \$35,000 If "no," ask f<br>(\$25,000 to less than \$35,000)                   | 0 5 |
| f. Less than \$50,000 If "no," ask g<br>(\$35,000 to less than \$50,000)                   | 0 6 |
| g. Less than \$75,000 If "no," code h<br>(\$50,000 to \$75,000)                            | 0 7 |
| h. \$75,000 or more  | 0 8 |
| Don't know/Not sure  | 7 7 |
| Refused  | 9 9 |

**Do not  
read these  
responses**

45. About how much do you weigh without shoes? (103-105)

**Round  
fractions  
up**

Weight	pounds
Don't know/Not sure	7 7 7
Refused	9 9 9

46. About how tall are you without shoes? (106-108)

**Round  
fractions  
down**

Height	___/ ft/inches
Don't know/Not sure	7 7 7
Refused	9 9 9

47. What is your zip code? (109-113)

Zip code	
Don't know/not sure	7 7 7 7 7
Refused	9 9 9 9 9

48. Do you have more than one telephone number in your household?  
(114)

a. Yes	1
b. No <b>Go to Q. 50</b>	2
Refused <b>Go to Q. 50</b>	9

49. How many residential telephone numbers do you have? (115)

**Exclude ded-  
icated fax  
and computer  
lines**

Total telephone numbers <b>[8=8 or more]</b>	
Refused	9

50. Indicate sex of respondent. **Ask Only if Necessary** (116)

Male <b>Go to Q. 62 (p. 28)</b>	1
Female	2



## Section 11: Women's Health

These next few questions ask about medical exams you may have received.

51. A mammogram is an x-ray of each breast to look for breast cancer.  
Have you ever had a mammogram? (117)

- a. Yes 1
- b. No **Go to Q. 54 (p. 25)** 2
- Don't know/Not sure **Go to Q. 54 (p. 25)** 7
- Refused **Go to Q. 54 (p. 25)** 9

52. How long has it been since you had your last mammogram? (118)

### **Read only if Necessary**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

53. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (119)

- a. Routine checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

54. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (120)

- a. Yes 1
- b. No Go to Q. 58 (p. 26) 2
- Don't know/Not sure Go to Q. 58 (p. 26) 7
- Refused Go to Q. 58 (p. 26) 9

55. How long has it been since your last breast exam? (121)

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

56. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (122)

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

57. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (123)

- a. Yes 1
- b. No Go to Q. 60 (p. 27) 2
- Don't know/Not sure Go to Q. 60 (p. 27) 7
- Refused Go to Q. 60 (p. 27) 9

58. How long has it been since you had your last Pap smear? (124)

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

59. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (125)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

60. Have you had a hysterectomy? (126)

<b>A hysterectomy is an operation to remove the uterus (womb)</b>	a. Yes	<b>Go to Q. 62 (p. 28)</b>	1
	b. No		2
		Don't know/Not sure	7
		Refused	9

**If respondent 45 years old or older, go to Q. 62 (p. 28).**

61. To your knowledge, are you now pregnant? (127)

a. Yes	1
b. No	2
	Don't know/Not sure 7
	Refused 9

**Section 12: Immunization**

62. During the past 12 months, have you had a flu shot?	(128)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9
63. Have you ever had a pneumonia vaccination?	(129)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

**Section 13: HIV/AIDS**

**If respondent is 65 years old or older, go to Section 14 (p. 33).**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

64. What are your chances of getting infected with HIV, the virus that causes AIDS? (130)

Would you say:	Please Read	
a. High		1
b. Medium		2
c. Low		3
or		
d. None		4
Not applicable (Have HIV)	Go to Q. 66 (p. 29)	5
Don't know/Not sure		7
Refused		9

**Do not  
read these  
responses**

65. Have you ever had your blood tested for HIV? (131)

a. Yes		1
b. No	Go to Q. 70 (p. 33)	2
Don't know/Not sure	Go to Q. 70 (p. 33)	7
Refused	Go to Q. 70 (p. 33)	9

66. When was your last blood test for HIV? (132-135)

Code month and year	___	___/		
Don't know/Not sure	7	7	7	7
Refused	9	9	9	9

67. What was the main reason you had your last blood test for HIV?  
(136-137)

Reason code

**Read only if necessary**

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

68. Where did you have your last blood test for HIV?

(138-139)

Facility Code

**Read only if necessary**

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9



69. Did you receive the results of your last test?	(140)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

## Section 14: Quality of Life

These next questions are about limitations you may have in your daily life.

70. Are you limited in any way in any activities because of any impairment or health problem? (141)
- a. Yes 1
  - b. No **Go to Q. 75** 2
  - Don't know/Not sure **Go to Q. 75** 7
  - Refused **Go to Q. 75** 9
71. What is the major impairment or health problem that limits your activities? (142-143)
- a. Arthritis/rheumatism 0 1
  - b. Back or neck problem 0 2
  - c. Fractures, bone/joint injury 0 3
  - d. Walking problem 0 4
  - e. Lung/breathing problem 0 5
  - f. Hearing problem 0 6
  - g. Eye/vision problem 0 7
  - h. Heart problem 0 8
  - i. Stroke problem 0 9
  - j. Hypertension/high blood pressure 1 0
  - k. Diabetes 1 1
  - l. Cancer 1 2
  - m. Depression/anxiety/emotional problem 1 3
  - n. Other impairment/problem 1 4
  - Don't know/Not sure 7 7
  - Refused 9 9

72. For how long have your activities been limited because of your major impairment or health problem? (144-145)

a. Days	1
b. Weeks	2
c. Months	3
d. Years	4
Don't know/Not Sure	7 7 7
Refused	9 9 9

73. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (146)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

74. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (147)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

75. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (148-149)
- |                     |   |   |
|---------------------|---|---|
| a. Number of days   |   |   |
| b. None             | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused             | 9 | 9 |
76. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (150-151)
- |                     |   |   |
|---------------------|---|---|
| a. Number of days   | — | — |
| b. None             | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused             | 9 | 9 |
77. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (152-153)
- |                     |   |   |
|---------------------|---|---|
| a. Number of days   | — | — |
| b. None             | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused             | 9 | 9 |
78. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (154-155)
- |                     |   |   |
|---------------------|---|---|
| a. Number of days   |   |   |
| b. None             | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused             | 9 | 9 |

79. During the past 30 days, for about how many days have you felt  
very healthy and full of energy? (156-157)

a. Number of days	—	—
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

**Module 1: Oral Health**

1. How long has it been since you last visited the dentist or a dental clinic?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  |   |
| <b>Go to Q. 3</b>                             | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago                        | 4 |
| Don't know/Not sure <b>Go to Q. 3</b>         | 7 |
| Never   | 8 |
| Refused <b>Go to Q. 3</b>                     | 9 |

2. What is the main reason you have not visited the dentist in the last year?

Reason code

— —

**Read only if necessary**

- |   |     |
|---|-----|
| a. Fear, apprehension, nervousness, pain, dislike going   | 0 1 |
| b. Cost   | 0 2 |
| c. Do not have/know a dentist   | 0 3 |
| d. Cannot get to the office/clinic (too far away, no transportation, no appointments available) | 0 4 |
| e. No reason to go (no problems, no teeth)  | 0 5 |
| f. Other priorities   | 0 6 |
| g. Have not thought of it   | 0 7 |
| h. Other  | 0 8 |
| Don't know/Not sure   | 7 7 |

Refused

9 9

3. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

a. 5 or fewer	1
b. 6 or more but not all	2
c. All	3
d. None	8
Don't know/Not sure	7
Refused	9

4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

5. Are you currently in need of any dental services such as fillings, dentures or partials, teeth pulled, caps, crowns, or root canal?

**If "Yes"  
probe for  
which  
services**

a. Yes, fillings, caps or crowns, or root canal	1
b. Yes, teeth pulled, dentures or partials	2
c. Yes, both	3
d. No	4
Don't Know/Not Sure	7
Refused	9



## Module 2: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

1. How often do you drink fruit juices such as orange, grapefruit, or tomato?

a. Per day.....	1		
b. Per week.....	2		
c. Per month.....	3		
d. Per year.....	4		
e. Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

2. Not counting juice, how often do you eat fruit?

a. Per day.....	1		
b. Per week.....	2		
c. Per month.....	3		
d. Per year.....	4		
e. Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

## 3. How often do you eat green salad?

- a. Per day.....1
- b. Per week.....2
- c. Per month.....3
- d. Per year.....4
- e. Never.....5    5    5
- Don't know/Not sure.....7    7    7
- Refused.....9    9    9

## 4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?

- a. Per day.....1
- b. Per week.....2
- c. Per month.....3
- d. Per year.....4
- e. Never.....5    5    5
- Don't know/Not sure.....7    7    7
- Refused.....9    9    9

## 5. How often do you eat carrots?

- a. Per day.....1
- b. Per week.....2
- c. Per month.....3
- d. Per year.....4
- e. Never.....5    5    5
- Don't know/Not sure.....7    7    7
- Refused.....9    9    9

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

**Example:**  
A serving of  
vegetables at  
both lunch  
and dinner  
would be two  
servings

- |                          |   |   |   |
|--------------------------|---|---|---|
| a. Per day.....          | 1 |   |   |
| b. Per week.....         | 2 |   |   |
| c. Per month.....        | 3 |   |   |
| d. Per year.....         | 4 |   |   |
| e. Never.....            | 5 | 5 | 5 |
| Don't know/Not sure..... | 7 | 7 | 7 |
| Refused.....             | 9 | 9 | 9 |

### Module 3: Firearms

The next questions are about safety and firearms. Firearms include weapons such as pistols, shotguns, and rifles. In answering the questions, do not include BB guns, starter pistols, or guns that cannot fire.

1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.
  - a. Yes 1
  - b. No **Go to Next Module** 2
  - Don't know/Not sure **Go to Next Module** 7
  - Refused **Go to Next Module** 9
  
2. Are any of the firearms handguns, such as pistols or revolvers?
  - a. Yes 1
  - b. No **Go to Q. 4** 2
  - Don't know/Not sure 7
  - Refused 9
  
3. Are any of the firearms long guns, such as rifles or shotguns?
  - a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9

4. What is the main reason that there are firearms in or around your home?

Would you say for...

**Please Read**

- |                      |   |
|----------------------|---|
| a. Hunting or sport  | 1 |
| b. Protection        | 2 |
| c. Work              | 3 |
| <b>or</b>            |   |
| d. Some other reason | 4 |
| Don't know/Not sure  | 7 |
| Refused              | 9 |

5. Is there a firearm in or around your home that is now both loaded and unlocked?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

The next three questions are about using firearms. If you are a police officer or have another occupation that requires and authorizes you to use a firearm, do not include firearm-use associated with your job.

6. During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

7. During the last 30 days, have you driven or been a passenger in a motor vehicle in which you knew there was a loaded firearm?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
8. During the last 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
9. In the past three years, have you attended a firearm safety workshop, class, or clinic?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
10. Do any of the firearms kept in or around your home belong to you, personally?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**Module 4: Alcohol Consumption**

1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?
  - a. Yes 1
  - b. No **Go to Next Module** 2
  - Don't know/Not sure **Go to Next Module** 7
  - Refused **Go to Next Module** 9
  
2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?
  - a. Days per week 1
  - b. Days per month 2
  - Don't know/Not sure **Go to Q. 4** 7 7 7
  - Refused **Go to Q. 4** 9 9 9
  
3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?
 

Number of drinks

Don't know/Not sure 7 7

Refused 9 9
  
4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
  - a. Number of times
  - b. None 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9

5. During the past month, how many times have you driven when you've had perhaps too much to drink?

a. Number of times

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9



## Module 5: Women's Health

These next few questions deal with the women's health screenings I asked about earlier.

1. Have you ever done a self-breast exam?

- |                                       |   |
|---------------------------------------|---|
| a. Yes                                | 1 |
| b. No <b>Go to Q. 4</b>               | 2 |
| Don't know/Not Sure <b>Go to Q. 5</b> | 7 |
| Refused <b>Go to Q. 5</b>             | 9 |

2. How long as it been since you last did a self-breast examination?

### **Read only if necessary**

- |   |   |
|---|---|
| a. Within the past month                          | 1 |
| b. Within the past 3 months (1 to 3 months ago)   | 2 |
| c. Within the past 6 months (3 to 6 months ago)   | 3 |
| d. Within the past 12 months (6 to 12 months ago) | 4 |
| e. More than a year ago                           | 5 |
| Never <b>Go to Q. 4</b>                           | 6 |
| Don't Know/Not Sure                               | 7 |
| Refused   | 9 |

3. How did you learn to do a self-breast examination?
- a. Doctor **Go to Q. 5** 1
  - b. Nurse **Go to Q. 5** 2
  - c. Other health care professional **Go to Q. 5** 3
  - d. Friend or Relative **Go to Q. 5** 4
  - e. Book, pamphlet, or video **Go to Q. 5** 5
  - f. No instruction **Go to Q. 5** 6
  - g. Other \_\_\_\_\_ **Go to Q. 5** 8
  - Don't Know/Not sure **Go to Q.5** 7
  - Refused **Go to Q. 5** 9
4. What is the main reason why you have never done a self-breast examination?
- a. I don't know how to 1
  - b. Embarrassing 2
  - c. Hurts/Painful 3
  - d. Fear of finding a lump 4
  - e. I don't need to/Not necessary 5
  - f. No time/Too busy 6
  - g. Other \_\_\_\_\_ 8
  - Don't Know/Not Sure 7
  - Refused 9

If Q. 57 is "No" then go to Q. 5.

If Q. 57 is "Don't know" or "Refused" then go to Q. 7

If Q. 58 is coded 3, 4, or 5 then go to Q. 6

If Q. 58 is coded 1, 2, 7, or 9 then go to Q. 7.

5. What is the main reason why you have never had a Pap smear test?

- |   |            |     |
|---|------------|-----|
| a. Doctor did not suggest it/No referral    | Go to Q. 7 | 0 1 |
| b. Don't need one/not necessary/no symptoms | Go to Q. 7 | 0 2 |
| c. Cost/No insurance/Can't afford           | Go to Q. 7 | 0 3 |
| d. Hurts/Painful                            | Go to Q. 7 | 0 4 |
| e. Don't Know Where to Go                   | Go to Q. 7 | 0 5 |
| f. No time/Too busy                         | Go to Q. 7 | 0 6 |
| g. Fear of what it might find               | Go to Q. 7 | 0 7 |
| h. Other _____                              | Go to Q. 7 | 0 8 |
| i. No reason                                | Go to Q. 7 | 0 9 |
| Don't know/Not sure                         | Go to Q. 7 | 7 7 |
| Refused                                     | Go to Q. 7 | 9 9 |

6. What is the main reason why you did not have a Pap smear test during the past two years?

- |   |     |
|---|-----|
| a. Doctor did not suggest it/No referral        | 0 1 |
| b. I did not need one/not necessary/no symptoms | 0 2 |
| c. Cost/No insurance/Can't afford               | 0 3 |
| d. Hurts/Painful                                | 0 4 |
| e. Don't Know Where to Go                       | 0 5 |
| f. No time/Too busy                             | 0 6 |
| g. Fear of what it might find                   | 0 7 |
| h. Other _____                                  | 0 8 |
| i. No reason                                    | 0 9 |
| Don't know/Not sure                             | 7 7 |
| Refused   | 9 9 |

7. Do you know at what age a woman should start having a mammogram every year?

Age

- |                     |     |
|---------------------|-----|
| Don't Know/Not Sure | 7 7 |
| Refused             | 9 9 |

If respondent is aged 18-39 then go to next module.

If respondent is aged 40 or older and Q. 51 is "No" then go to Q. 8

If respondent is aged 40 or older and Q. 51 is 7 or 9 then go to the next module

If respondent is aged 40 or older and Q. 52 is coded 3, 4, or 5 then go to Q. 9

If respondent is aged 40 or older and Q. 52 is coded 1, 2, 7, or 9 then go to Q. 10

8. What is the main reason why you have never had a mammogram?
- a. Doctor did not suggest it/No referral  
**Go to Next Module** 0 1
  - b. I did not need one/not necessary/no symptoms  
**Go to Next Module** 0 2
  - c. Cost/No insurance/Can't afford **Go to Next Module** 0 3
  - d. Hurts/Painful **Go to Next Module** 0 4
  - e. Don't Know Where to Go **Go to Next Module** 0 5
  - f. No time/Too busy **Go to Next Module** 0 6
  - g. Fear of what it might find **Go to Next Module** 0 7
  - h. Other \_\_\_\_\_ **Go to Next Module** 0 8
  - i. No reason **Go to Next Module** 0 9
- Don't know/Not sure **Go to Next Module** 7 7
- Refused **Go to Next Module** 9 9

9. What is the main reason why you did not have a mammogram during the past two years?

- |   |     |
|---|-----|
| a. Doctor did not suggest it/No referral        | 0 1 |
| b. I did not need one/not necessary/no symptoms | 0 2 |
| c. Cost/No insurance/Can't afford               | 0 3 |
| d. Hurts/Painful                                | 0 4 |
| e. Don't Know Where to Go                       | 0 5 |
| f. No time/Too busy                             | 0 6 |
| g. Fear of what it might find                   | 0 7 |
| h. Other _____                                  | 0 8 |
| i. No reason                                    | 0 9 |
| Don't know/Not sure                             | 7 7 |
| Refused   | 9 9 |

10. Why did you decide to get your last mammogram?

- |   |   |
|---|---|
| a. Routine check-up                         | 1 |
| b. Doctor suggested it/Doctor's referral    | 2 |
| c. Family or friends suggested it           | 3 |
| d. Breast problem (pain, lump, discharge)   | 4 |
| e. Radio, television, or newspaper messages | 5 |
| f. Breast Cancer                            | 6 |
| g. Other _____                              | 8 |
| Don't Know/Not Sure                         | 7 |
| Refused                                     | 9 |

## Module 6: Cardiovascular Disease

Has a doctor ever told you that you had any of the following?

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
1. Heart attack or myocardial infarction	1	2	7	9
2. Angina or coronary heart disease	1	2	7	9
3. Stroke	1	2	7	9
4. Heart failure	1	2	7	9

If "No", "Don't Know", "Refused" to Q. 1, Q. 2, Q. 3, and Q. 4 then go to the next module.

Have you ever had any of the following medical procedures?

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
5. Heart bypass surgery	1	2	7	9
6. Angioplasty (balloon surgery)	1	2	7	9

## Module 7: Sexual Behavior

If respondent 50 years old or older, go to next module

1. During the past 12 months, with how many different people have you had sexual intercourse?
  - a. Number (76 = 76 or more)
  - b. None Go to Q. 5 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9
  
2. Was a condom used the last time you had sexual intercourse?
  - a. Yes 1
  - b. No Go to Q. 4 2
  - Don't know/Not sure Go to Q. 4 7
  - Refused Go to Q. 4 9



3. The last time you had sexual intercourse, was the condom used ...

**Please Read**

	a. To prevent pregnancy	1
	b. To prevent diseases like syphilis, gonorrhea, and AIDS	2
	c. For both of these reasons	3
	<b>or</b>	
	d. For some other reason	4
<b>Do not</b>	Don't know/Not sure	7
<b>read these</b>		
<b>responses</b>	Refused	9

4. How many new sex partners did you have during the past 12 months?

<b>A new sex</b>			
<b>partner is</b>	a. Number [76 = 76 or more]		
<b>someone</b>			
<b>the respon-</b>	b. None	8	8
<b>dent had sex</b>			
<b>with for the</b>	Don't know/Not sure	7	7
<b>first time in</b>			
<b>the past 12</b>	Refused	9	9
<b>months</b>			

5. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

You have used injectable drugs in the past year

You tested positive for having HIV, the virus that causes AIDS

You had anal sex without a condom in the past year

Do any of these situations apply to you?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

6. In the past five years, have you been treated for a sexually transmitted or venereal disease?

- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Next Module</b>               | 2 |
| Don't know/Not sure <b>Go to Next Module</b> | 7 |
| Refused <b>Go to Next Module</b>             | 9 |

7. Were you treated at a local health department?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

## Module 8: Health of Children

If core questions Q. 41a, Q. 41b, and Q. 41c are all "None" then go to Module.

These next few questions will focus on the health of children.

1. What is the age of the youngest child in your household?
  - a. Age
  - b. Child less than one year old  
(0 to 11 months old) 5 5
  - c. No children under age 18 **Go to Next Module** 8 8
  - Don't know/Not Sure 7 7
  - Refused 9 9
  
2. All of our questions will focus on the youngest child who lives in your household. How is the youngest child in your household related to you?
  - a. Daughter 0 1
  - b. Stepdaughter 0 2
  - c. Son 0 3
  - d. Stepson 0 4
  - e. Brother or Stepbrother 0 5
  - f. Sister or Stepsister 0 6
  - g. Grandson 0 7
  - h. Granddaughter 0 8
  - i. Other (specify)\_\_\_\_\_ 0 9
  - Don't Know/Not Sure 7 7
  - Refused 9 9

3. Would you say that in general the youngest child's health is:

**Please Read**

- |                     |   |
|---------------------|---|
| a. Excellent        | 1 |
| b. Very Good        | 2 |
| c. Good             | 3 |
| d. Fair             | 4 |
| <b>or</b>           |   |
| e. Poor             | 5 |
| Don't Know/Not Sure | 7 |
| Refused             | 9 |

4. Is the youngest child limited in any way in any activities because of any impairment or health problem?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

5. About how long has it been since the youngest child last visited a doctor for a routine checkup?

**Read only if necessary**

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago                        | 4 |
| Don't know/Not sure                           | 7 |
| Never   | 8 |
| Refused                                       | 9 |

6. Was there a time during the last 12 months when the youngest child needed to see a doctor, but could not because of the cost?
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9
7. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if the youngest child is sick or you need advice about the youngest child's health
- a. Yes 1
  - b. More than one place 2
  - c. No 3
  - Don't Know/Not Sure 7
  - Refused 9
8. Does the youngest child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- a. Yes 1
  - b. No **Go to Q. 10** 2
  - Don't know/Not sure **Go to Q. 11** 7
  - Refused **Go to Q. 11** 9

9. What type of health care coverage do you use to pay for most of the youngest child's medical care?

Is it coverage through: **Please Read**

- |    |   |                    |     |
|----|---|--------------------|-----|
| a. | Your employer   | <b>Go to Q. 11</b> | 0 1 |
| b. | Someone else's employer   | <b>Go to Q. 11</b> | 0 2 |
| c. | A plan that you or someone else buys on your own                  | <b>Go to Q. 11</b> | 0 3 |
| d. | Medicare  | <b>Go to Q. 11</b> | 0 4 |
| e. | Medicaid or Medical Assistance [or substitute state program name] | <b>Go to Q. 11</b> | 0 5 |
| f. | The military, CHAMPUS, or the VA [or CHAMP-VA]                    | <b>Go to Q. 11</b> | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service]   | <b>Go to Q. 11</b> | 0 7 |
| h. | Some other source   | <b>Go to Q. 11</b> | 0 8 |
|    | None  | <b>Go to Q. 10</b> | 8 8 |
|    | Don't know/Not sure   | <b>Go to Q. 11</b> | 7 7 |
|    | Refused   | <b>Go to Q. 11</b> | 9 9 |

**Do not  
read these  
responses**

10. There are some types of coverage you may not have considered. Please tell me if the youngest child may have any of the following:

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] or	0 7
	h. Some other source	0 8
Do not read these responses	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

11. Did anyone in this household get food stamps at any time during the last 12 months?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

If the respondent is male and Q.2 is "Son", "Stepson", "Daughter" or "Stepdaughter" then go to Q. 13.

12. Does the youngest child's father live in this household?

- |                                       |   |
|---------------------------------------|---|
| a. No                                 | 1 |
| b. Yes, Father                        | 2 |
| c. Yes, Stepfather or adoptive father | 3 |
| Don't know/Not sure                   | 7 |
| Refused                               | 9 |

If the respondent is female and Q.2 is "Son", "Stepson", "Daughter" or "Stepdaughter" then go to the Next Module.

13. Does the youngest child's mother live in this household?

- |                                       |   |
|---------------------------------------|---|
| a. No                                 | 1 |
| b. Yes, Mother                        | 2 |
| c. Yes, Stepmother or adoptive mother | 3 |
| Don't know/Not sure                   | 7 |
| Refused                               | 9 |



## Module 9: Parenting

If Q10.4a, Q10.4b, Q10.4c are all "None" or "Refused" go to Module 10: Violence and Crime

If Module 8 Question 2 is "Son", "Stepson", "daughter", or "Stepdaughter" go to Q. 2

If Module 8 Question 1 is > 17 then go to next module

1. Are you a parent or a guardian of this child?

- |  |   |
|--|---|
| A. Yes                                       | 1 |
| B. No <b>Go to Next Module</b>               | 2 |
| Don't know/not sure <b>Go to Next Module</b> | 7 |
| Refused <b>Go to Next Module</b>             | 9 |

2. Would you say you are the parent or guardian who spends the most time caring for the [age from M. 8 Q. 1] year old child?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/not sure | 7 |
| Refused             | 9 |

3. Is the [age from M. 8 Q. 1] year old child's time divided between parents or guardians who live in separate households?

- |                     |   |
|---------------------|---|
| Yes                 | 1 |
| No                  | 2 |
| Don't know/not sure | 7 |
| Refused             | 9 |

4. About how many hours did the [age from M. 8 Q. 1] year old child watch television yesterday?

a. Number of hours of TV

b. None 8 8

Don't know/Not Sure 7 7

Refused 9 9

**If child is 5-17 years old go to Q. 6. If the child is aged 1-4 go to Q. 10**

5. To the following questions please answer how many days out of the past seven days you did the following activities with the [age from M. 8 Q. 1] year old child?

**CODE: 1-7= Number of days 8= Don't know 9= Refused**

A. Played a sport, physical game, or exercised together with the [age from M. 8 Q. 1] year old child? \_\_\_\_

B. Played a non-physical game with the [age from M. 8 Q. 1] year old child? \_\_\_\_

C. Watched television with the [age from M. 8 Q. 1] year old child? \_\_\_\_

D. Spent at least 20 minutes talking with the [age from M. 8 Q. 1] year old child? \_\_\_\_

E. Helped the [age from M.8 Q. 1] year old child with school activities or homework? \_\_\_\_

F. Made the [age from M. 8 Q. 1] year old child responsible for completing a household chore? \_\_\_\_

G. Attended a game or event the [age from M.8 Q. 1] year old child participated in? \_\_\_\_

6. Please answer yes or no to the following questions. Are there family rules about:

PLEASE READ EACH	Yes	No	DK	Ref
a. What time the [age from M. 8 Q. 1] year old child goes to bed on a school night?	1	2	7	9
b. The amount of time the [age from M. 8 Q. 1] year old child is allowed to watch television?	1	2	7	9
c. Which television programs and movies the [age from M. 8 Q. 1] year old child is allowed to watch?	1	2	7	9
d. Which computer or video games the [age from M. 8 Q. 1] year old child is allowed to play?	1	2	7	9

7. Where does the [age from M. 8 Q. 1] year old child go most often when school lets out?

a. Home	01
b. Child care provider/babysitter	02
c. Friend's home	03
d. Neighbor's home	04
e. Work	05
f. Spends time with friends	06
g. Community organization (YMCA, library, etc.)	07
h. After school sport, club, or other organized activity	08
i. Other (specify: )	09
j. Not in school currently	10
Don't Know/Not Sure	77
Refused	99

8. On how many days out of the past seven days was the [age from M. 8 Q. 1] year old child supervised by an adult after school?

a. Number of days (5 = 5 or more days) \_\_\_\_\_  
**Go to Next Module**

b. Not in school currently **Go to Next Module** 8

Don't know/Not Sure **Go to Next Module** 7

Refused **Go to Next Module** 9

9. To the following questions please answer how many days during the past seven days you have done the following activities with the [age from M. 8 Q. 1] year old child.

A. Played a sport, physical game, or exercised  
**9 = Refused** with the [age from M. 8 Q. 1] year old child? \_\_\_\_\_  
**8=Don't Know**

B. Played a non-physical game with the  
 [age from M. 8 Q. 1] year old child? \_\_\_\_\_

C. Watched television with the  
 [age from M. 8 Q. 1] year old child? \_\_\_\_\_

D. Read to the [age from M.8 Q. 1] year old child? \_\_\_\_\_

10. About how many hours per week does the [age from M. 8 Q. 1] year old child spend in a day care center, day care home, or pre-school?

a. Number of hours a week (76 = 76 or More)

b. None 8 8

Don't know/Not Sure 7 7

Refused 9 9

## Module 10: Violence and Crime

These next few questions deal with violence or crime.

1. How afraid are you to leave your home at night? Would you say:

**Please Read**

- a. Very afraid .....1
- b. Somewhat afraid .....2
- c. A little afraid .....3
- or**
- d. Not afraid .....4
- DON'T KNOW/NOT SURE .....7
- REFUSED .....9

2. When was the last time you saw a violent crime in your neighborhood (someone hurting or trying to hurt someone else)?

**Read Only if Necessary**

- a. Within the past week .....1
- b. Within the past month .....2
- c. Within the past year .....3
- d. One or more years ago .....4
- e. Never .....5
- DON'T KNOW/NOT SURE .....7
- REFUSED .....9

3. During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?

- a. Yes .....1
- b. No .....2
- DON'T KNOW/NOT SURE .....7
- REFUSED .....9

**Module 11: Social Context**

These next questions are about your daily life.

1. How safe from crime do you consider your neighborhood to be? (320)

Would you say: **Please Read**

- |                     |   |
|---------------------|---|
| a. Extremely safe   | 1 |
| b. Quite safe       | 2 |
| c. Slightly safe    | 3 |
| d. Not at all safe  | 4 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

2. Do you own or rent your home? (321)

- |         |   |
|---------|---|
| a. Own  | 1 |
| b. Rent | 2 |
| Refused | 9 |

3. How long have you lived at your current address? (322)

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Less than six months (1 to 6 months) | 1 |
| b. Less than one year (6 to 12 months)  | 2 |
| c. Less than two years (1 to 2 years)   | 3 |
| d. 2 or more years                      | 4 |
| Don't know/Not sure                     | 7 |
| Refused                                 | 9 |

4. How many close friends or relatives would help you with your emotional problems or feelings if you needed it? (323)
- |                     |   |
|---------------------|---|
| a. 3 or more        | 1 |
| b. 2                | 2 |
| c. 1                | 3 |
| d. None             | 4 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |
5. In the past 30 days, have you been concerned about having enough food for you or your family? (324)
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

## Module 12: Mental Health

These last few questions ask about your mental health.

1. In the past year, did you think about seeking help from family or friends for any personal or emotional problems?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

2. In the past year, did you think about seeking help from a therapist, counselor or self-help group for any personal or emotional problems?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

3. Have you needed treatment for any personal or emotional problems during the last five years but been unable to get it?

- |                                |   |
|--------------------------------|---|
| a. Yes                         | 1 |
| b. No Go to Q. 9               | 2 |
| Don't know/Not Sure Go to Q. 9 | 7 |
| Refused Go to Q. 9             | 9 |



4. Why were you unable to get treatment for your personal or emotional problem?

**Read only if necessary**

- |  |   |
|--|---|
| a. Cost/Couldn't afford/Insurance would not cover  | 1 |
| b. Lack transportation                             | 2 |
| c. No place was close enough/available/convenient  | 3 |
| d. Do not know where to go                         | 4 |
| e. Do not trust psychiatrists/psychologist/doctors | 5 |
| f. Embarrassed/Stigmatism                          | 6 |
| Don't know/Not sure                                | 7 |
| Other Reason (Specify:_____)                       | 8 |
| Refused  | 9 |

**Closing Statement**

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in our community. Thank you very much for your time and cooperation.